



# QPS Quality Dashboard

February 22, 2019



COOK COUNTY  
HEALTH

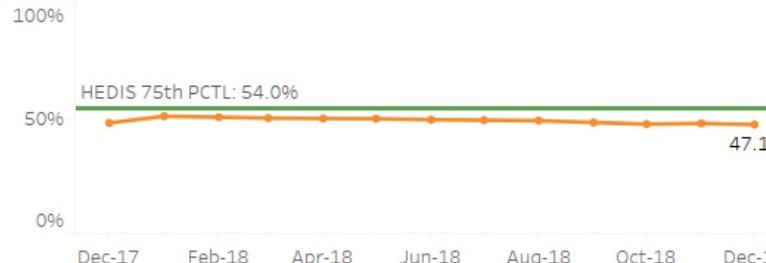


# COOK COUNTY HEALTH

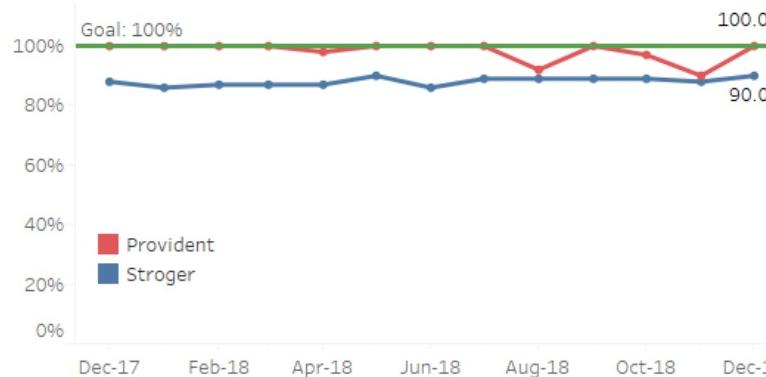
Quality  
Dashboard  
February 22, 2019

## Health Outcomes

### HEDIS - Diabetes Management: HbA1c < 8%



### Core Measure - Venous Thromboembolism (VTE) Prevention

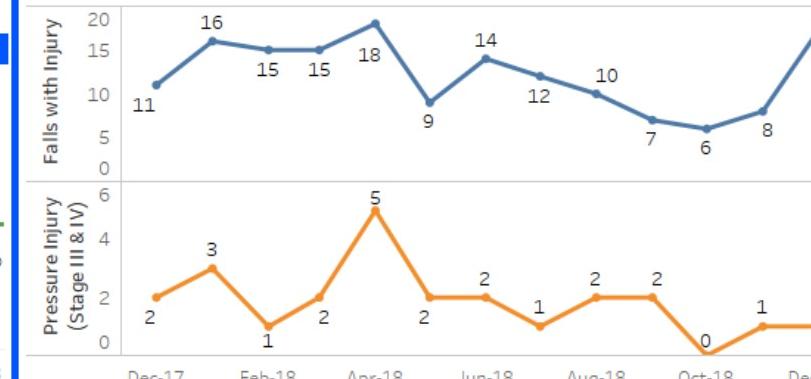


### 30 Day Readmission Rate

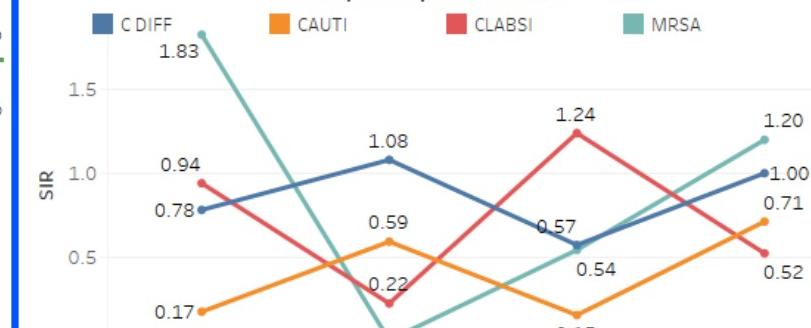


## Patient Safety

### Hospital Acquired Conditions



### Hospital Acquired Infections

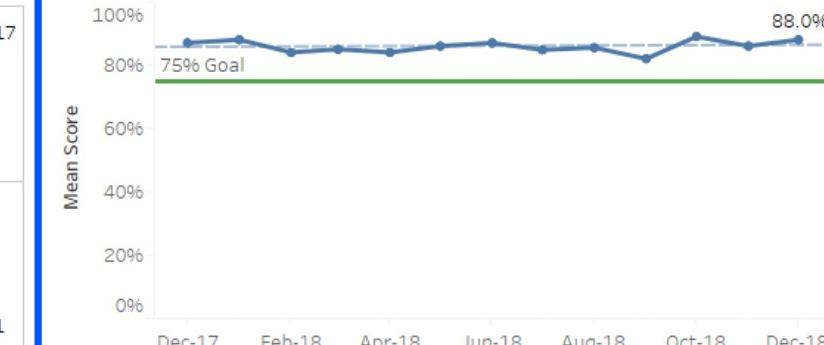


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

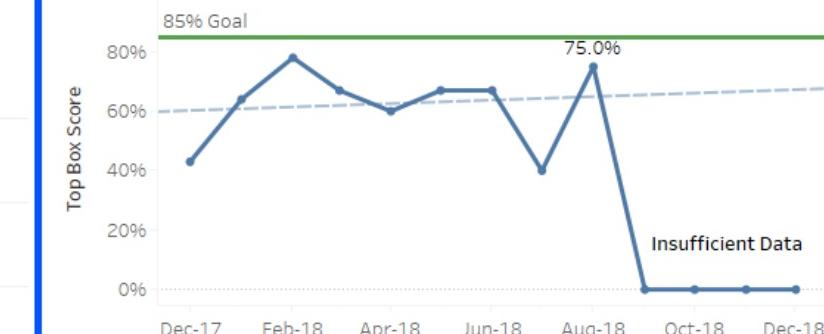
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1	3
CLABSI	2	1	1	0	1	0	2	3	0	0	0	2
MRSA	2	0	1	0	0	0	0	1	0	0	1	0

## Utilization

### CCHC--Overall Clinic Assessment



### Provident--Willingness to Recommend Hospital

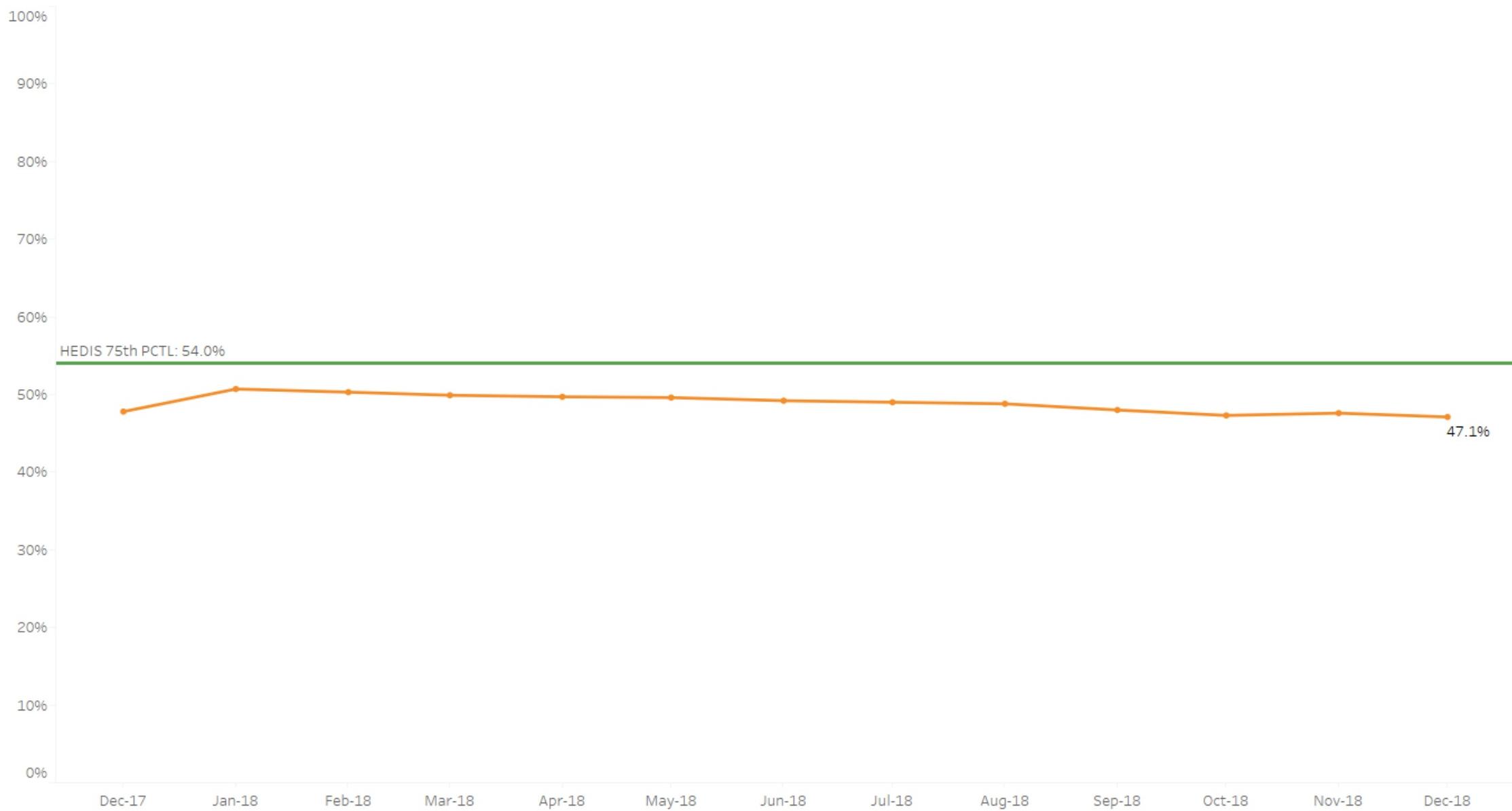


### Stroger--Willingness to Recommend Hospital

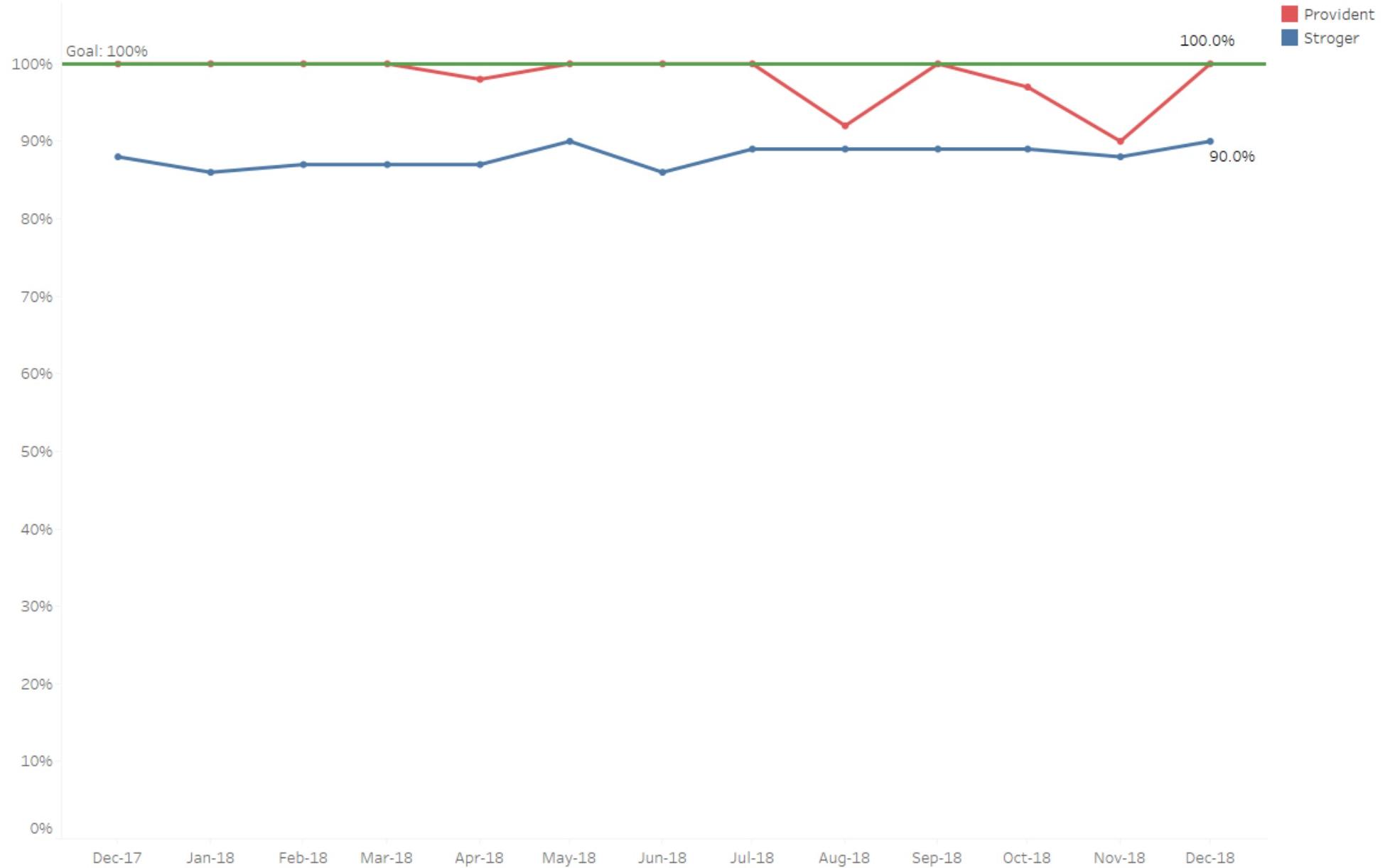


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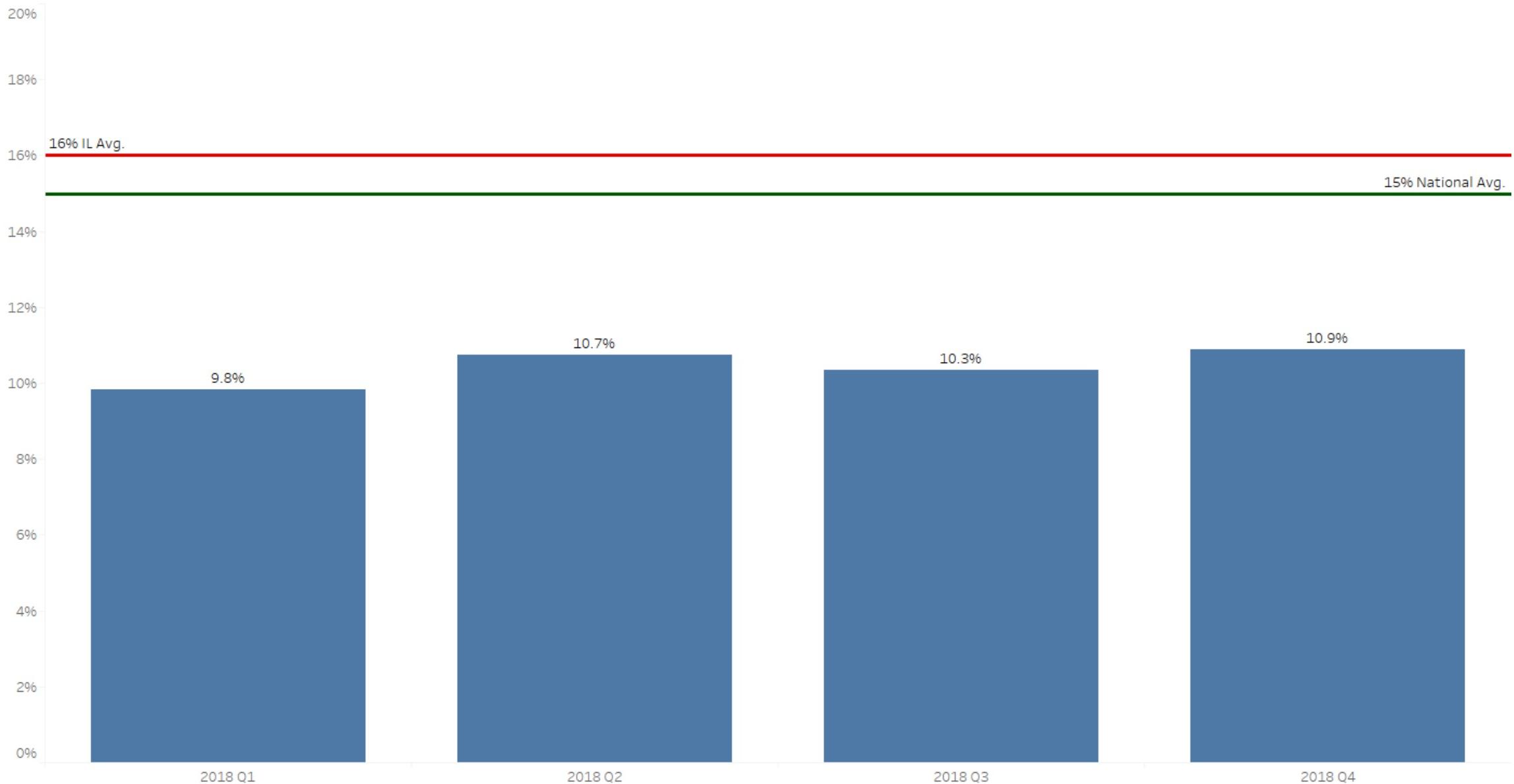
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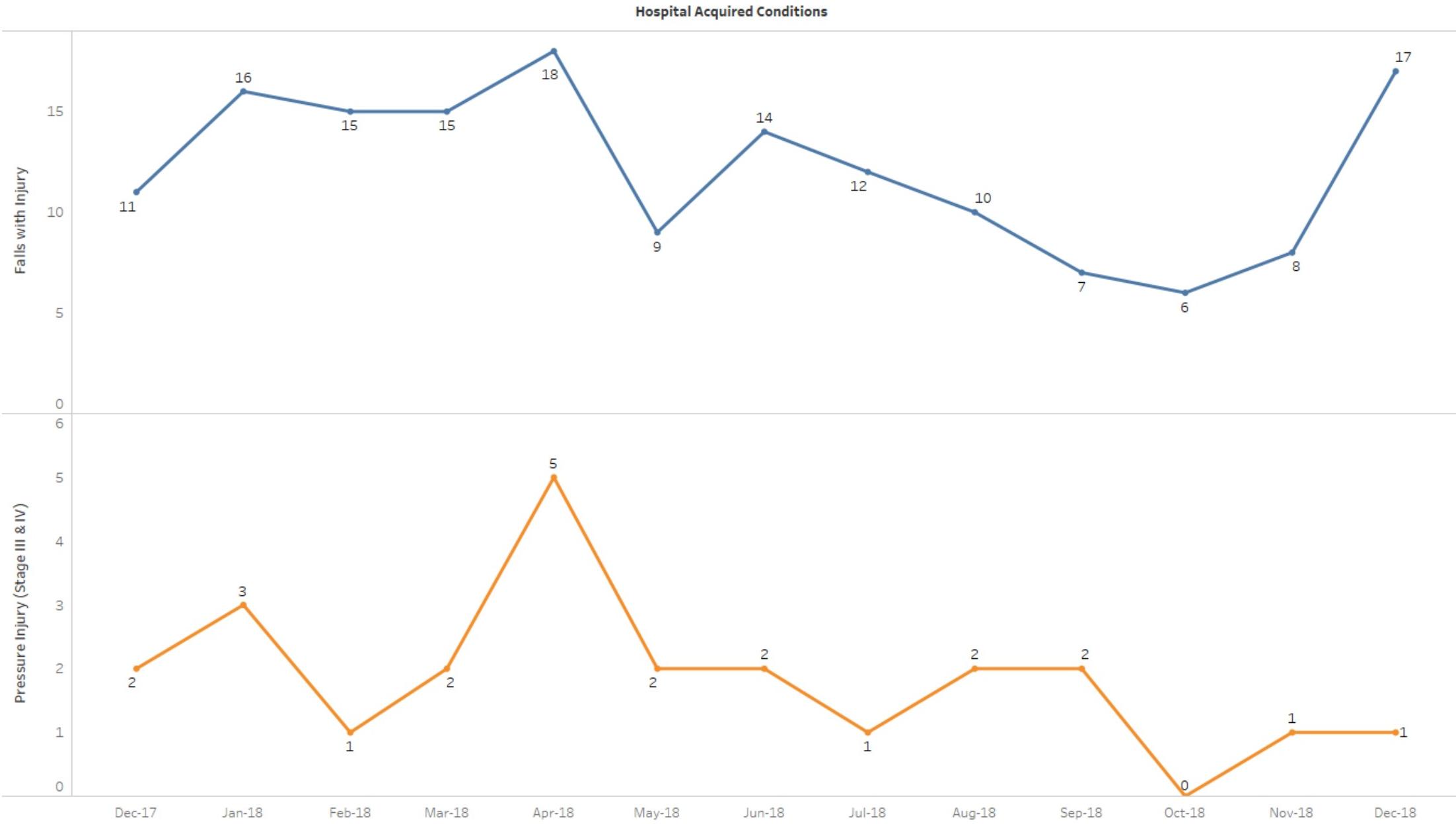


### Core Measure - Venous Thromboembolism (VTE) Prevention



### 30 Day Readmission Rate





### Hospital Acquired Infections



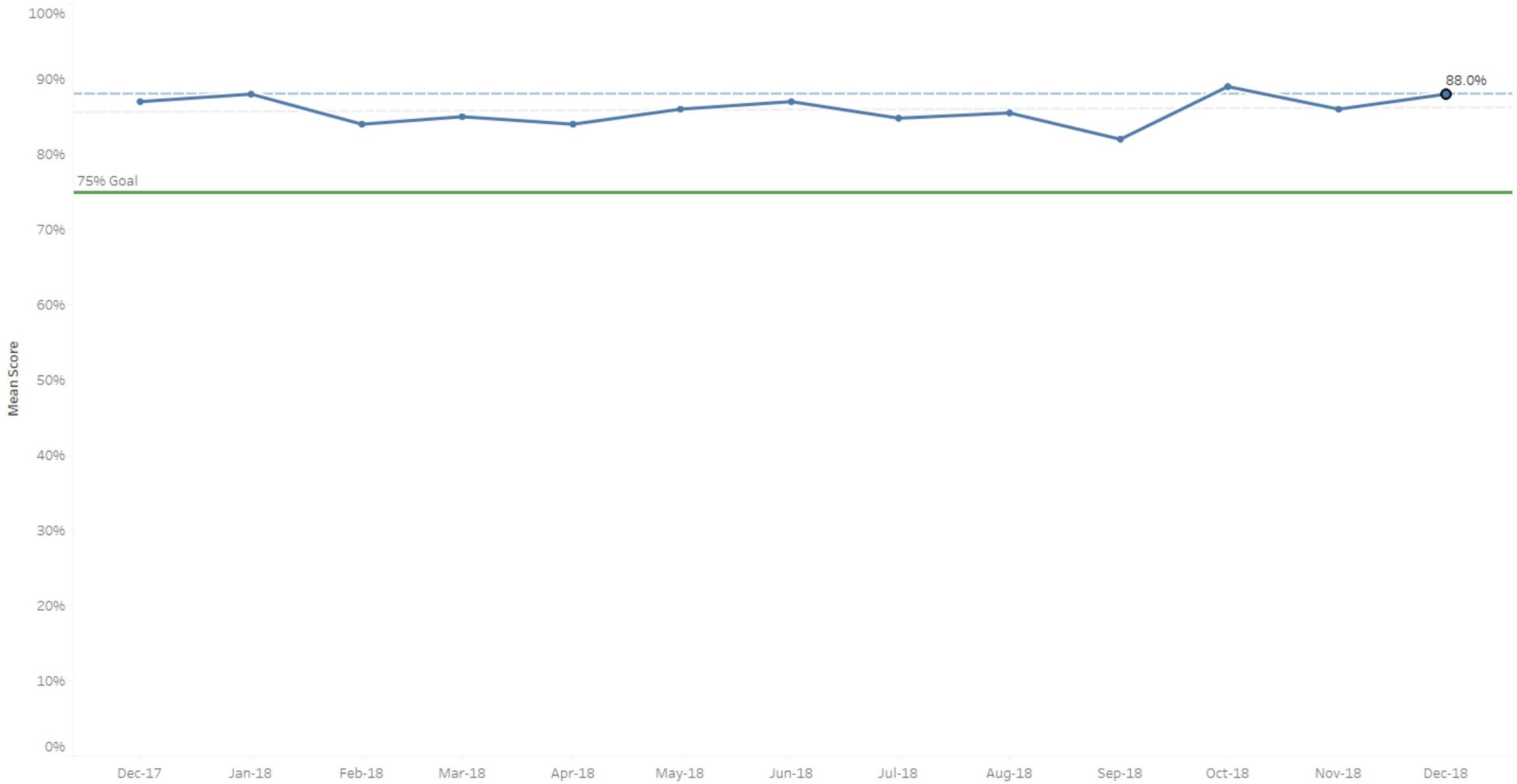
### Hospital Acquired Infections

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
CDIFF	6	5	2	6	11	4	5	4	2	10	4	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1	3
CLABSI	2	1	1	0	1	0	2	3	0	0	0	2
MRSA	2	0	1	0	0	0	0	1	0	0	1	0

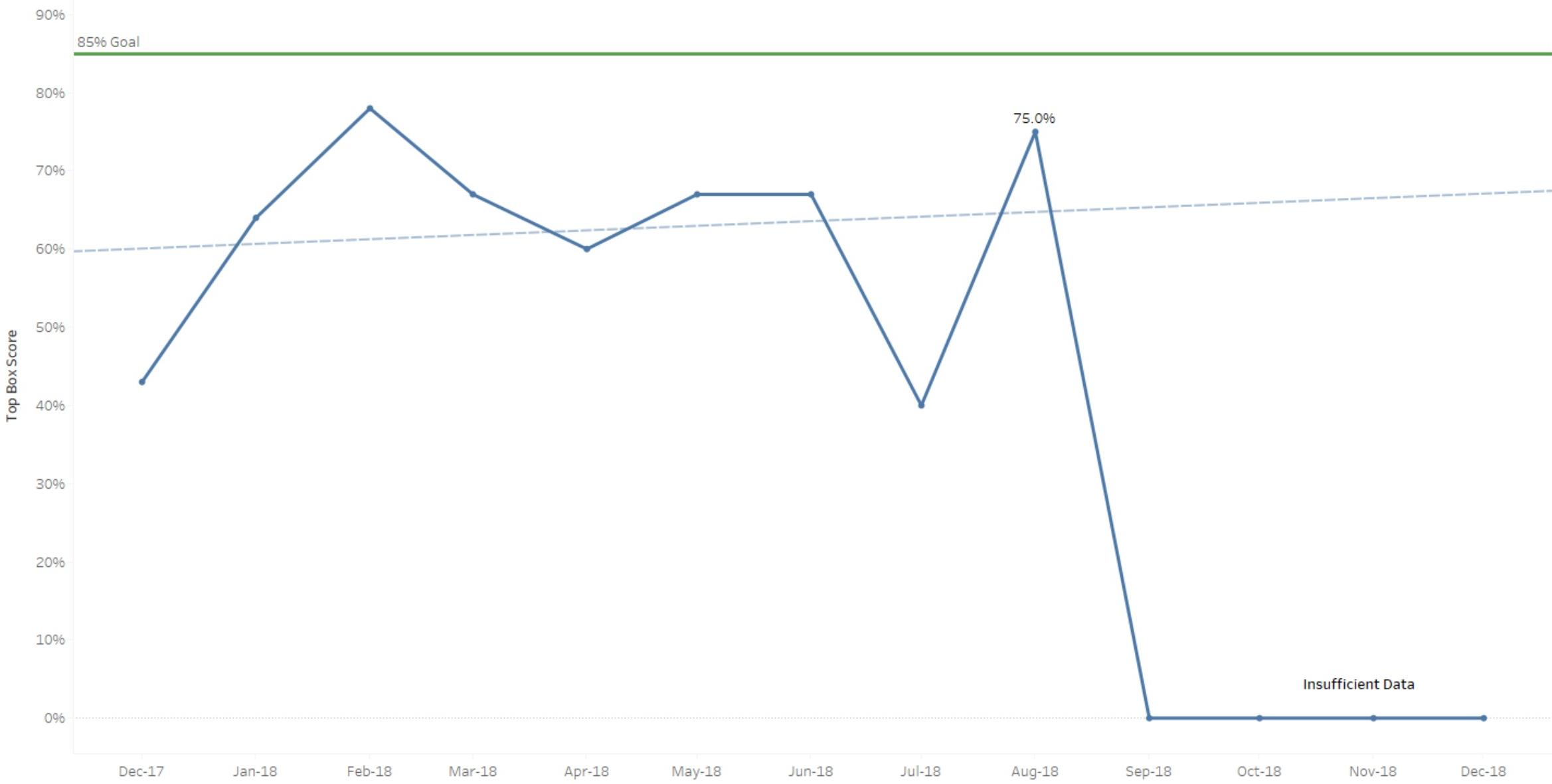
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### CCHC--Overall Clinic Assessment



### Provident--Willingness to Recommend Hospital



### Stroger--Willingness to Recommend Hospital

